Addressing Stigma in Culturally Diverse Communities August 20, 2003





This teleconference is sponsored by the Resource Center to Address Discrimination and Stigma, or ADS Center.

The ADS Center is a program of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

The ADS Center helps people design, implement and operate programs that reduce discrimination and stigma associated with mental illnesses.





The ADS Center

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 - Shannon Flanagan, Associate Program Director
 - (call moderator)



Speakers

- Henry Acosta, M.A., M.S.W., L.S.W., Project Director, Changing Minds, Advancing Mental Health for Hispanics
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Background

- United States 2000 Census data show people of Hispanic backgrounds are the fastest growing ethnic group in our country.
- Currently, 30% of the Latino population live below the poverty line and experience an unemployment rate of 62% of that of the general population.
- Less than 18% of Latino people diagnosed with psychiatric disabilities actually access mental health services.
- Underutilization is a failure to provide appropriate services that address cultural needs; defy language barriers, racial discrimination, and mental illness stigmas; and provide Spanish materials and culturally competent bilingual personnel.



Census 2000 Data Highlights

United States Hispanic/Latino Population by Origin

Mexicans 20,640,711

Puerto Ricans: 3,406,178

■ Cubans 1,241,685

■ Dominican Republicans 764,945

Total National Population: 281,421,906

• Total Hispanic/Latino: 35,305,818 (12.54% of total pop.)

1990 --- 22,354,059 (63.3% increase from 1990)

Source: U.S. Census 2000



Underutilization of MHS

- Underutilization is a failure to provide appropriate services that address cultural needs; defy language barriers, racial discrimination, and mental illness stigmas; and provide Spanish materials and culturally competent bilingual personnel.
- Immigrants less likely to seek help
- Services are not utilized due to an array of barriers, such as stigma and discrimination, fear, and lack of knowledge of mental health and mental illness and services available
- Studies have found that Hispanics tend to utilize primary care doctors, spiritual leaders, and family members as primary sources to address mental health problems



Factors Creating Discrimination/Stigma

- Language barriers
- Cultural Influences
- Lack of knowledge and understanding of both mental illness and treatments available
- Lack of cultural competence from providers
 - Clinicians need to know more about cultural issues in the diagnosis of Latino clients.
 - Symptoms such as "hearing your name called when no one is there" and "seeing or feeling presences" are common among some Latinos and not necessarily indicative of psychosis.
 - Ataques de nervios among Puerto Ricans
 - Susto among Mexican Americans
- Fear



Changing Minds, Advancing Health for Hispanics (Goals)

- To address the nationwide lack of access to and quality of behavioral health services among an under-represented facet of the population – those of Hispanic descent.
- To understand belief systems, attitudes and barriers facing Hispanics with regards to mental health service utilization.
- To heighten awareness, acceptance and understanding of mental illness among the Hispanic population.



Changing Minds, Advancing Health for Hispanics (Goals)

- To understand and overcome cultural barriers preventing individuals of Hispanic backgrounds from seeking treatment through in-depth research;
- To develop a nationwide training model, including a curriculum incorporating best practices, for mental health agencies and clinicians to attract and retain Hispanics in mental health services. The practices would reflect the needs and cultural preferences of the Hispanic population;
- To create and disseminate a nationwide quarterly newsletter to promote the model and share findings; and
- To use a New Jersey cohort of clinicians trained in the model as an evaluative sample in order to study the effectiveness of the model.



Overview of Focus Group Findings

- **Barriers to Care:**
 - Transportation
 - □ Communication problems
 - Money/lack of insurance
 - Stigma
 - □ "Coldness" of providers
 - Lack of knowledge of where to go for help
- How to Improve Knowledge
 - An advertising campaign to educate the public about mental illness
 - Spanish TV, newspapers and radio stations
 - Information given by doctors/researchers
 - Posters and other information in churches, workplaces, public places
 - 800 number (if in Spanish)
 - Information about alcohol abuse, stress management, and domestic violence
 - Focus on reduction of stigma of mental illness in Latino community



Strategies for Overcoming Discrimination/Stigma

- Print and Television Public Awareness campaign
 - A campaign to educate the public about mental illness to all Hispanic media by a doctor or researcher. * A non-politician figure or celebrity.
 - □ Print advertisements posted in churches or other public venues.
 - □ Information Directory toll-free number in Spanish.
 - □ Information on all abuses associated with mental illnesses.
- Family-to-Family Education Program
- Participation in Health Fairs, Parent Meetings, and Other Community Events
- Development of cultural and linguistically appropriate material on mental health
- Bilingual newsletter, bilingual Web site, bilingual personnel
- Participation in statewide committees and supporting other Hispanic community-based organizations and leaders



Background

- In 2020 doubling to over 20 million persons. Extremely heterogeneous population
- 29 Asian and 19 Pacific Islander ethnic/national groups with distinct languages and dialects
- 88% are either foreign-born or have foreign-born parents
- More than one-half of Laotian, Cambodian and Hmong populations are in linguistically isolated areas
- Close to half (approximately 45%) of AAPIs live in three metropolitan areas: Los Angeles, New York and San Francisco



Background (cont.)

- AAPI women over the age of 65 have the highest rates of suicide for any populations in the same age category (Surgeon General's Report, 1999).
- 17% of Asian American boys in grades 5 through 12 reported physical abuse, as compared to 8% among white boys (*The Commonwealth Fund, 1998*).
- Asian American women have among the highest suicide mortality rate among all women between 15-24 years of age (Center for Disease Control and Prevention).
- 30% of Asian American girls in grades 5 through 12 reported depressive symptoms, as compared to white girls (22%), African American girls (17%), or Hispanic girls (27%) (*The Commonwealth Fund, 1998*).



Challenges (internal)

- Different perspective of mental health
- Cultural perspectives may prohibit seeking help
- Intergenerational conflict makes it difficult to see perspective of childparent



Challenges (external)

- AAPIs seen as homogeneous population
- Myth of model minority
- Lack of resources
- Trained bilingual/bicultural service providers
- Confidentiality
- Using interpreter/translator
- Different perspective of mental health
- Cultural perspectives may prohibit seeking help
- Intergenerational conflict makes it difficult to see perspective of child-parent



Strategies

- Be cautious of model minority myth
- Obtain accurate assessment of individual looking at diversity within AAPI community
- Recognize and respect cultural norms that result in stigma/shame
- Normalize problem by understanding social/economic/political/physical/cultural factors that place persona at risk
- Understand your own bias/lack of understanding of cultural values
- Do not separate mind/body
- Never use child as the interpreter



Discrimination - Structural

Systematic and institutional use of power to exclude persons or deny them access to opportunities or privileges reinforced by regulations, laws, or policies.

- Victim System Entrapment
- Access to the Opportunity Structure
- Tendency to over-pathologize



Discrimination - Cultural

Addresses behaviors of persons to others at the interpersonal level. There is a lack of understanding, acknowledgement and appreciation of socio-cultural factors.



Cultural Factors – Societal Stereotypes

- Lazy (unmotivated)
- Unintelligent (concrete, no introspective thinking, lack of insight, nonverbal)
- Unhealthy (not psychologically minded)
- Violent (aggressive; hostile; lacking selfcontrol)
- Sexual (primitive; operating on impulses)



Cultural Factors – Examples

- Communication styles
- Language
- Over-pathologizing



Discrimination - Intrapersonal

The internalization of societal stereotypes so that one's self-esteem is eroded.

- Neighborhood jingle: "If you're black, stay back. If you're brown, stick around. If you're yellow, you're mellow. If you're white, you're all right."
- Racial identity attitudes: Conformity Status



Inoculation Strategies for Coping, Healing, and Self-Advocacy

- Conceptualization
- Skills acquisition and rehearsal
- Application and follow-through



Activities to Counter Myths

- Discovering my roots
- Creating a safe place
- Music power
- I am somebody
- What is discrimination?
- Behavioral rehearsals
- Who can I turn to?
- Power bundle

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